

TRAVEL EXPENSE CLAIM

CHP 262 (Rev. 3-09) OPI 071

Relocation Out of State

DEPARTMENT California Highway Patrol	PAGE(S) 1 of 1
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CLAIMANT'S NAME Joseph A. Farrow	I. D. NUMBER 009486	SOCIAL SECURITY NUMBER*	WORK TELEPHONE NUMBER (916) 843-3001
POSITION Commissioner	CB / ID NUMBER M05	DIVISION OR BUREAU Office of the Commissioner	LOCATION CODE 001
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 601 North 7th Street	
CITY, STATE, AND ZIP CODE		CITY, STATE, AND ZIP CODE Sacramento, CA 95811	

1. MONTH / YEAR		3. LOCATIONS WHERE EXPENSES WERE INCURRED	4. LODGING	5. MEALS			6. INCIDENTALS	7. TRANSPORTATION				8. BUSINESS EXPENSE	9. TOTAL EXPENSES FOR DAY
2. DATE	TIME			BREAKFAST	LUNCH	O.T., LT, N/C, RELO. OR DINNER		A. COST OF TRANS.	B. TYPE USED	C. TOLLS, PARKING	D. PRIVATE CAR USE		
									MILES	AMOUNT			
12	0700 1600	Sacramento to Orange County and Return											
14	1500 1720	Sacramento							SC	12.25		12.25	
15	1400	Sacramento to Los Angeles	106.65						A			106.65	
16	0930	Los Angeles and Return											
24	1730	Sacramento to Los Angeles	101.80			18.00			A			119.80	
25	1700	Los Angeles and Return			10.00				A			10.00	
29	1930	Sacramento to Los Angeles	126.64						A			126.64	
30	1700	Los Angeles and Return		6.00	10.00				A			16.00	
10. CLAIM TOTAL			335.09	6.00	20.00	18.00				12.25		391.34	

11. PURPOSE OF TRIP, REMARKS AND DETAILS (ATTACH RECEIPTS / VOUCHERS WHEN REQUIRED)
 12: Visited Border division; Santa Ana Area and met with Santa Ana Police Chief regarding Gail Suppression.
 14: Monthly meeting with Agency Secretary.
 14-16: Visited Santa Fe springs Area; attended retirement dinner for 30-year CHP employee.
 24-25: Santa Monica Memorial Day celebration - served a speaker. Visited West Los Angeles Area command.
 29-30: Served as keynoted speaker at National Latino Peace Officers Association National Training Conference.

12. NORMAL WORK HOURS
0800-1700

13. REGULAR DAYS OFF
Saturday/Sunday

14. PRIVATE VEHICLE LICENSE NUMBER

15. MILEAGE RATE CLAIMED

ACCOUNTING USE ONLY

PAID FOR BY REVOLVING CHECK NUMBER

16. I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by S.A.M. Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE (blue ink only)	DATE	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES			DATE